| DATENT ADDI ICATION FOR DESCRIPTION  |  |  |                    |                                  |             |                  |       |                  | Application or Docket Number |           |                     |                        |  |
|--|--|--|--------------------|----------------------------------|-------------|------------------|-------|------------------|------------------------------|-----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000  CLAIMS AS FILED - PART I  |  |  |                    |                                  |             |                  |       |                  | 19 19 15 985                 |           |                     |                        |  |
|  |  |  | SMALL<br>TYPE      | ENTITY                           | OR          | OTHE             | RTHAN |                  |                              |           |                     |                        |  |
| Ţ  | OTAL CLAIMS                              |  | 47                 | 47                               |             | 1                |       | RATE             | FEE                          | _         | RATE                | FEE                    |  |
| F  | วล                                       |  | NUMBE              | NUMBER FILED                     |             | NUMBER EXTRA     |       | BASIC FEE 355.00 |                              | o lon     | BASIC FEE           | 710.00                 |  |
| ľ  | OTAL CHARGE                              | ABLE CLAIMS                              | 3 47 m             | 47 minus 20=                     |             | 17               |       | X\$ 9=           | 243                          | , OA      | X\$18=              |                        |  |
| _  | DEPENDENT C                              |  | <del></del>        | 7 minus 3 =                      |             |                  | ×     |                  | 160                          | OR        | wie                 |                        |  |
| M  | JLTIPLE DEPE                             | NDENT CLAIN                              | PRESENT            | RESENT                           |             |                  |       | +135=            |                              | OR        | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "O" in column 2   |  |  |                    |                                  |             |                  |       | TOTAL 758        |                              | 11)       |                     |                        |  |
|  | C  |  |                    |                                  | _           | OTHER            | THAN  |                  |                              |           |                     |                        |  |
|  | (Cotumn 2) (Cotumn 2) (Cotumn 3)         |  |                    |                                  |             |                  |       | SMALI            | L ENTITY                     | OR        | SMALL               | ENTITY                 |  |
| <b>AMENDMENTA</b>  |  | REMAINING<br>AFTER<br>AMENDMEN           |                    | PREVIO                           | BER         | PRESENT<br>EXTRA |       | RATE             | ADDI-<br>TIONA<br>FEE        |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                                    | .25                                      | Minus              | - 4                              | 7           | - /              |       | X\$ 9=           | 17                           | OR        | X\$18=              |                        |  |
| ₹  | Independent<br>FIRST PRESE               | NTATION OF                               | AULTIPLE DEPENDENT |                                  | CLAIM       | -/-              | X40=  |                  | /                            | OR        | X80                 |                        |  |
|  |  |  |                    |                                  |             |                  |       | +135=            | <b>Y</b> —                   | OR        | +270=               |                        |  |
| ゝ  | 3_20/5                                   |  |                    |                                  |             |                  |       |                  |                              | OR        | TOTAL<br>ADDIT, FEE |                        |  |
| 7  | 27.U                                     |  |                    |                                  |             |                  |       |                  |                              |           |                     |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |                    | HIGH<br>NUME<br>PREVIO<br>PAID,J | BER<br>USLY | PRESENT<br>EXTRA |       | RATE             | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                                    |  | Minus              | 4                                | 7           |                  |       | X\$ 9==          |                              | OR        | X\$18=              |                        |  |
| AME  | independent                              | MINITON OF                               | Minus              | ^                                | <u> </u>    |                  | T     | X40=             |                              | OR        | X80=                |                        |  |
| ARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |                    |                                  |             |                  |       | +135=            |                              | OR        | +270=               |                        |  |
| Q.   | 3-15-06 (Column 1) (Column 2) (Column 2) |  |                    |                                  |             |                  |       |                  |                              | OR ,      | YOTAL<br>ADDIT. FEE |                        |  |
| _  | 00                                       | (Column 1)                               |                    | (Coturn                          |             | (Column 3)       | _     |                  |                              |           |                     | l                      |  |
| ENTC   |  | REMAINING<br>AFTER<br>AMENDMENT          |                    | PREVIO                           | ER<br>USLY  | PRESENT<br>EXTRA |       | RATE             | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL        |  |
| 2  | Total                                    | .31,                                     | Minus              | -4                               | 7           |                  |       | X\$ 9=           |                              | OR        | X\$18=              | FEE                    |  |
| AMENDME  | Independent                              | • 4                                      | Minus              | •••                              | 7           | • _              | -     | X40=             | =                            |           | X80=                |                        |  |
| _  | FIRST PRESE                              | 1  | .12F-              |                                  | OR          |                  |       |                  |                              |           |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  OR +270=  TOTAL  ADDIT. FEE |  |  |                    |                                  |             |                  |       |                  |                              |           |                     |                        |  |
| 1  | he Vighest Num                           | per Proviously P                         | aid For (Total o   | tridepender                      | st) is the  | highest number   | found | d in the ap      | propriato bo                 | a pu coop | na 1,               |                        |  |

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